

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40169

FILED  
Jun 29, 2005  
Secretary of State

**Entity Name:** HIALEAH MIDDLE SCHOOL SUNSHINE FUND, INC.

**Current Principal Place of Business:**

6027 E. 7 AVENUE  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

6027 E. 7 AVENUE  
HIALEAH, FL 33013

**New Mailing Address:**

**FEI Number:** 65-0218546      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FRYE-NESMITH, BARBARA  
1523 NW 178TH WAY  
PEMBROKE PINES, FL 33029      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: FRYE-NESMITH, BARBARA  
Address: 1523 NW 17B WAY  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT      ( ) Delete  
Name: SANCHEZ, ILLEANA  
Address: 750 E 39TH STREET  
City-St-Zip: HIALEAH, FL 33013

Title: BS      ( ) Delete  
Name: PUSEY, JANE  
Address: PO BOX 22943  
City-St-Zip: MIAMI, FL 33012

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT      (X) Change ( ) Addition  
Name: LINTZ, JEFF  
Address: 11867 SOUTH WEST 59TH COURT  
City-St-Zip: COOPER CITY, FL 33330

Title: BS      (X) Change ( ) Addition  
Name: NODARSE, GRISSEL  
Address: 8953 NW 180 TERR  
City-St-Zip: MIAMI, FL 33015

Title: DVP      ( ) Change (X) Addition  
Name: ERHARDT, VICTIRIA C  
Address: 1125 DOVE AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FRYE-NESMITH

DP

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date